

Exhibit A

Law Enforcement and TxDOT Use ONLY

 FATAL CMV SCHOOL BUS RAILROAD MAG SUPPLEMENT ACTIVE SCHOOL ZONE

Total Num. Units	1	Total Num. Casualty	2	Total Num. Fatal	1	Total Num. Critical	4	TxDOT Crash ID
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Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)
 Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 140349, Austin, TX 78714. Questions? Call 844/274-7457
 Refer to Attached Code Sheet for Numbered Fields

*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 04/03/2020				*Crash Time (24HRMM) 21 31 41 5				Case ID 2004-00058	Local Use								
*County Name McLennan				*City Name BRUCEVILLE-EDDY								<input type="checkbox"/> Outside City Limit					
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude 31 11' 31 31 61 71 6				Longitude 19 17 12 12 13 2 18									
ROAD ON WHICH CRASH OCCURRED																	
1 Rdwy. Sys. IH		1 Hwy. Num. 35		2 Rdwy. Part 1		Block Num.		3 Street Prefix N		Street Name INTERSTATE HIGHWAY 35		4 Street Suffix HWY					
<input type="checkbox"/> Crash Occurred on a Private Drive or Road Private Property/Parking Lot				<input type="checkbox"/> Toll Road/ Toll Lane		Speed Limit 75		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc. MAIN/PROPER					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																	
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1 Rdwy. Sys. <input type="checkbox"/>	Hwy. Num. <input type="checkbox"/>	2. Rdwy. Pan <input type="checkbox"/>	Block Num. <input type="checkbox"/>	3 Street Prefix <input type="checkbox"/>	Street Name <input type="checkbox"/>	4 Street Suffix <input type="checkbox"/>										
Distance from Int. or Ref. Marker 100		<input type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker N	Reference Marker 319	Street Desc. <input type="checkbox"/>	RRX Num. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Unit Num. 1	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State ON	LP Num. 1095PV	VIN 111E1U1J1G1L1D1R12IH11L1C13J01811	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pol. Inv. EMS on Emergency Explain in Narrative if checked					
Veh. Year 2017	6. Veh. Color RED	Veh. Make FREIGHTLINER	Veh. Model UNKNOWN	7 Body Style TT													
8 DUID Type 2	DUID State CD	DUID Num. C9408-68988-70905	9 DL Class 98	10 CDL End. 98	11 DL Rest. 98	DOB <input type="checkbox"/>	10 19 10 15	11 19 18 17									
Address (Street City, State, Zip) 1196 CAEN AVE, WOODSTOCK, -- N4T0G3																	
VEHICLE, DRIVER, & PERSONS																	
Person Num. 1	12 Psn. Type 13 Seat Position 1	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line CURRY, 99 SANDEEP SINGH				14 Injury Severity B	15 Ethnicity A	16 Sex 1	17 Effect 1	18 Restra. 99	19 Airbag 1	20 Helmet N	21 Sol. 96	22 Alt. Spec. 96	23 Drug Result 97	24 Drug Spec. 97	25 Drug Category 97
2	2 10	LAMEY, 99 RAJINDER KAUR	B	32	A	2	1	99	1	97	N						
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address SKYLARK LOGISTICS INC, 7295 MABON ROAD, CAMBRIDGE, ONTARIO N3C2V4																
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Exempt	26 Fin. Resp. Type 1	Fin. Resp. Name OLD REPUBLIC INSURANCE COMPANY	Fin. Resp. Num. T35736C														
Fin. Resp. Phone Num. (905) 523-5936	27 Vehicle Damage Rating 1 2 1 1 F R - 3	27 Vehicle Damage Rating 2 3 1 R P - 4	Vehicle Inventoryed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
Towed By TOW KING WRECKER SERVICE	Towed To 7191 BAGBY, WACO, TX 76712																
Unit Num. 2	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State OR	LP Num. T012729	VIN 11F1T8W3D1T9L1E1C44227											
Veh. Year 2020	6. Veh. Color WHI	Veh. Make Ford	Veh. Model F SERIES	7 Body Style TR	<input type="checkbox"/> Pol. Inv. EMS on Emergency Explain in Narrative if checked												
8 DUID Type 1	DUID State OR	DUID Num. 1972644	9 DL Class 98	10 CDL End. 96	11 DL Rest. 98	DOB <input type="checkbox"/>	10 17 12 4	11 19 15 6									
Address (Street City, State, Zip) 20838 NE SIERRA DR UNIT 1, BEND, OR 97701																	
VEHICLE, DRIVER, & PERSONS																	
Person Num. 1	12 Psn. Type 13 Seat Position 1	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line GRAYSON, 96 EDWIN EARL				14 Injury Severity B	15 Ethnicity 63	16 Sex 99	17 Effect 1	18 Restra. 1	19 Airbag 2	20 Helmet 97	21 Sol. N	22 Alt. Spec. 96	23 Drug Result 98	24 Drug Spec. 97	25 Drug Category 97
2	2 3	GRAYSON, 96 TYSON LEE	B	33	99	1	1	1	2	97	N	96					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address EAN HOLDINGS LLC, 20955 SW GERDA LANE, SHERWOOD, OR 97140																
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Exempt	26 Fin. Resp. Type 7	Fin. Resp. Name EAN HOLDINGS, LLC	Fin. Resp. Num. 116														
Fin. Resp. Phone Num. (973) 921-5500	27 Vehicle Damage Rating 1 1 2 1 1 F C - 7	27 Vehicle Damage Rating 2 1 1 1 1 1 1	Vehicle Inventoryed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
Towed By TOW KING WRECKER SERVICE, 7191 BAGBY, WA	Towed To 7191 BAGBY, WACO, TX 76712																

CRASH NARRATIVE**CASE NUMBER:** 2004-00058**OFFICER NAME:** Martinez, J**NEAREST CITY:** BRUCEVILLE-EDDY**CRASH DATE/TIME:** 4/3/2020 11:45:47 PM**COUNTY:** McLennan

On 04/03/2020 at approximately 11:45 PM, Unit #1 was traveling northbound in the center of Interstate Highway 35 near mile marker 319 Bruceville, TX 76630. At this time Unit #1 began drifting towards the right-side of the roadway, eventually crossing into the right-hand lane then into the right-hand shoulder and then off the roadway. Unit #1 then sharply turned towards the left-side of the roadway causing Unit #1 to roll over. Immediately following the roll over of Unit #1, Unit #2 while also traveling northbound, crashed directly into the rolled over Unit #1. Unit #1 had extensive trailer damage, passenger side vehicle with no airbag deployment and caused significant damages to the guard railing of the Interstate. Unit #2 had extensive front end damages and had full airbag deployment from the crash. Both occupants to Unit #1 and Unit #2 were transported to the hospital by emergency medical services. Both Unit #1 and Unit #2 were towed by Tow King in Waco TX.

CASE NUMBER: 2004-00038

CRASH DATE/TIME: 4/3/2020 11:45:47 PM

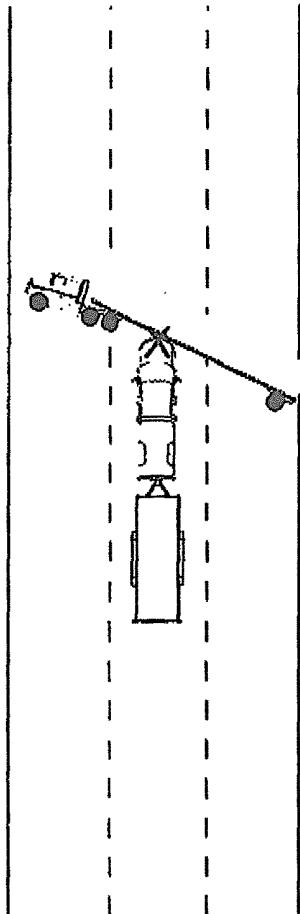
OFFICER NAME: Martinez, J

NEAREST CITY: BRUCEVILLE-EDDY

COUNTY: McLennan



X = IMPACT



NB IH 35 MM 319